ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

May 1993

"I Lied"

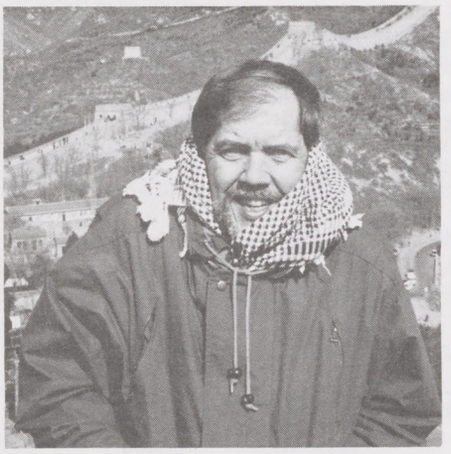
By The Rev. Larry J. Uhrig

Pastor, MCC Washington, DC

All of us have experienced the moment when we knew we had evaded the truth, distorted facts, or denied reality. I cannot recall a time when I intentionally lied. In February, just past Valentine's Day, I was traveling north by train from Hong Kong to Canton with a band of friends. It was the beginning of our great China Adventure.

About an hour from Canton our guide passed out the Health Declaration Form of the People's Republic of China. In handing out the form our guide said, "Say no to all health questions." She said this definitively and with authority.

There were only about five questions on the form. The fourth question jumped right into my face with its directness: "Are you infected with the HIV virus? Do you have AIDS?" I knew the question was coming, I expected it, but the moment I saw those words, I knew that a truthful answer would terminate my vacation, sending me home in trauma.



Rev. Larry Uhrig in China

I felt compromised, and there was genuine pain in my spirit. I sat staring out the window, my eyes welling with tears, as I watched the manicured and neatly furrowed rows of rice in China's agricultural South. I hated this moment of compromise. I felt slammed back into a closet against my will. Choosing to lie went against all my basic instincts.

Then I grabbed myself in the heart of my self-esteem saying, "I am in control of this. It is not the business of the Chinese government to know my health status. I am a responsible person and pose no threat to any Chinese citizen. I am choosing my vacation." I wrote NO beside question four. At Canton I turned my dishonest declaration over to the Immigration authorities. I felt in control of my life. I had made the right choice, but I still hated the experience of this compromise.

Suddenly I knew how every other HIV-positive citizen of the world felt as they considered coming to the United States. My own country would not let me live here if I were not already a U.S.

(continued on page 2)

Spirituality and AIDS

By Rev. Don Magill

[Editor's note: Rev. Magill is the pastor of MCC of the Siskiyous in Medford, OR. For the past ten years, he has worked with local non-profit AIDS Foundations in four cities.]

The church, whatever its size, can make a huge difference and impact on HIV services. The church can be instrumental in educating its members and the general public about HIV disease. Take Metropolitan Community Church of the Siskiyous, for example. This congregation of 25 people works closely with local HIV/AIDS service providers and the gay community to provide education and holistic support to persons with AIDS, their family and friends.

MCC's Essential Needs Bank provides physical and practical support for persons with AIDS. Every Advent the church sponsors a Christmas Giving Tree where ornaments are hung listing specific needs like toiletries and cleaning supplies. People purchase the essential needs of their choice listed on the ornament, then return them to the church before Christmas. The church uses this Giving Tree as a way to replenish our Essential Needs Bank and as a way for all people to actively support the AIDS community. The Essential Needs Bank helps provide non-food items and supplies to the AIDS community; items they cannot purchase with food stamps. It helps add to their quality of life and decreases the financial strain on their personal budget. Throughout the year, persons with AIDS may call MCC and request these essential needs.

Spiritual support for persons with AIDS includes weekly worship and special events. AIDS related issues are ad-

(continued on page 3)

Health Advocates Counsel WHO on Women and HIV

By Lori Heise

[Editor's Note: This article is reprinted with permission from the "New Jersey Women and AIDS Network News, vol. 2, no. 5; March, 1993. For reprints of this article, or to subscribe to their newsletter, contact the New Jersey Women and AIDS Network, 5 Elm Row, Suite 112, New Brunswick, NJ 08901, phone 908-846-4462.]

On December 2 and 3, 1992, the World Health Organization (WHO) invited seven women's health advocates to Geneva to review their draft strategy on women and HIV. The women (and one man) represented a diversity of countries — including Argentina, Kenya, Ethiopia, the United States — and some important constituencies, including the Women's Global Network for Reproductive Rights and the Division for the Advancement of Women at the United Nations Centre in Vienna. In general, the advocates felt that the draft strategy was a good start, but they recommended revising its structure and introduced some entirely new concepts, including a major new section on women's reproductive rights and HIV. The revised draft has four major objectives:

Objective I. Reduce the incidence of HIV/AIDS infection in women.
- Goal 1: Reduce women's economic vulnerability to HIV.
- Goal 2: Reduce women's social vulnerability to sexual transmission of HIV.
- Goal 3: Reduce women's physical vulnerability to HIV.

Objective II. Reduce the social and personal impact of HIV on women.
- Goal 1: Reduce the stigmatization of HIV-positive women and the blaming of women for the epidemic.
- Goal 2: Reduce discrimination against women with or at high risk of HIV infection.
- Goal 3: Reduce women's caretaking burden.

Objective III. Increase the emphasis on women's health as a priority issue internationally.
- Goal 1: Develop comprehensive women's health policies and programs at the national and international level, including topics ignored, such as violence against women.
- Goal 2: Ensure women's full reproductive rights.
- Goal 3: Improve and expand research related to women's health.

Objective IV. Increase programs and services that meet women's needs and identify and support existing innovative programs, especially those in the non-governmental sector.

In the draft document, each objective has explanatory information and specific recommendations about how to achieve the particular goal. The draft that emerged from the working session is now undergoing internal revision and will be circulated for comment as soon as it is available. The working group was adamant that the next draft be reviewed by a broader, more representative group of women, with special emphasis on poor and underserved women in developing countries, and women with HIV.

If you are interested in reviewing a draft of the proposed global strategy, contact Lori Heise, Violence, Health and Development Project, Center for Women's Global Leadership, Rugers University, New Brunswick, NJ 08903; phone (908) 932-1414. ▼

"I Lied"

(continued from page 1)

citizen. This moment in China was my most difficult experience of the stigma attached to HIV disease. I have experienced it on several occasions when I had considered the purchase of insurance for myself or my home. The words, "Pre-existing Condition" stare at me and say, "Not you."

How many of us must choose to lie, to live the lives we've chosen?

P.S. I went on to a wonderful experience of the ancient and the new China. Climbing the Great Wall on a bright, but bitterly cold Sunday morning was a personal victory for me. At the end of 1992 lying in a hospital in Washington, D.C. I thought the trip to China was out of the question. Standing on the Great Wall, I realized that people with no immune system can conquer the world. My spirit and my faith have caused my body to rise up in strength. God is Greater than AIDS. ▼

First U.S. Study on TB Treatment Strategies

The National Institute of Allergy and Infectious Diseases (NIAID) has launched the first large U.S. study to assess tuberculosis treatment strategies for persons infected with both tuberculosis and HIV.

Study investigators will enroll up to 650 HIV-infected persons with active tuberculosis in two nationwide clinical trials networks supported by NIAID. The networks are the AIDS Clinical Trials Group and the Terry Beirn Community Programs for Clinical Research on AIDS.

The NIAID study will evaluate the benefits of adding a new drug for tuberculosis treatment, levofloxacin, to the usual four-drug therapy used in geographic areas where TB organisms are commonly resistant to one or more anti-TB drugs.

Patients with TB strains resistant to multiple drugs will be taken off the study and switched to another, more intensive treatment regimen.

In addition, NIAID has opened another new trial for HIV-infected people, to compare combinations of AZT, ddC, and Ro 31-8959, an experimental drug that inhibits an enzyme HIV needs to reproduce.

The Phase II trial is the first U.S. study to examine Ro 31-8959. Made by Hoffmann-La-Roche, Inc., the drug has been studied in Phase I and II trials in Europe, which found no significant side effects when the drug was given alone or in combination with AZT. In the NIAID trial, investigators at 10

(continued on page 4)

Spirituality and AIDS

(continued from page 1)

dressed in sermons and are periodically incorporated in the Call To Worship and Flame of Presence. Anyone with a prayer request may make that known publicly during worship as well. Communion is offered weekly and oil is available for healing. If persons with AIDS need special assistance to attend worship, arrangements will be made. We create an environment of inclusion where all people feel welcome to worship regardless of handicap or health issue. MCC strives to incorporate the Gospel into today's world in which AIDS is a part. Our motto is: "We are the church and we have AIDS."

Special AIDS related services at MCC include our World AIDS Day observance and annual Vigil of Prayer. During the Vigil we offer a community memorial service, a healing service, and a service of hope. We believe it to be important to continue to facilitate the grieving and healing process during this epidemic and to offer a message of faith and hope in the midst of AIDS. These two annual events provide such an opportunity. Memorials and funerals may also be arranged.

Regardless of size, the church can do something about AIDS and can be an effective and powerful witness to what God can do when people open their hearts and lives to serve people who might otherwise be forgotten or ignored. I believe the clergy and the church need to claim their place in the HIV+ community by providing spiritual support; a message of faith, hope and love; and healing to our world. ▼

Rev. Don Magill and Carl Knittig in the sanctuary of MCC . A recliner was placed in the sanctuary so that Carl could participate in worship.

Encountering The HIV/AIDS Scene in Denmark

By Rev. Steve Pieters

I had the opportunity to observe what a great impact a small MCC can have on the HIV/AIDS scene when I visited Markens Liljer MCC in Copenhagen, Denmark in November, 1992.

During my five days in Copenhagen, Rev. Mia Andersen, her spouse, Ms. Laurence Vergez, and Mr. Preben Sloth showed me how MCC interacts with various HIV organizations. Over ten years, there have been approximately 1,000 persons with AIDS in Denmark, of whom around 340 are still alive. There are 3,000 known cases of HIV in Denmark, with over 300 new cases diagnosed last year. The latest treatments are available for free through the Danish health care system.

Preben first took me to the HIV House, which is a very warm, comfortable coffeehouse-type facility that provides a social environment for people with HIV. Preben and other MCC members are actively involved and well-known at the HIV House. This was to be the site of a press conference held to introduce me to Copenhagen.

Two men from Japan arrived, and Preben and I spent the afternoon in conversation with them about prevention and education strategies. One of the Japanese gentlemen was the Minister of Public Health for Japan. He and his assistant were traveling to countries where the growth rate of HIV infection is lowest, in an effort to learn from these countries what might best work in Japan. They had read an article about me in the Japanese magazine, "Marco Polo," and saw the announcement of my appearance in Denmark. Preben shared some of the strategies he has observed in Denmark, and I shared my U.S. perspective.

Rev. Mia Andersen, pastor.

Another evening I addressed the "HIV in the Church" group, an ecumenical organization for AIDS Ministry, which included lay and clergy leaders from the state Lutheran Church, Catholic, Pentecostal, Anglican, and MCC. After presenting my story and the "Spiritual Strength for Survival" pamphlet, we discussed helping people through the dying process, balancing hope for life with facing death, and dealing with people's feelings of guilt and fear.

It was felt that we didn't have enough time together, so Preben arranged a meeting the next day at the AIDS House for Gay and Bisexual Men. This facility was a doctor's house, which was given to the group to provide a space for support services. Again, MCC members are actively involved. Some of the people from the previous evening said they were surprised to hear me speak of personally relating to Jesus in living with HIV/AIDS. They told me this would be blasphemy for most people of the churches in Denmark, where theology and faith is a much more "intellectual" experience. But they liked the way I talked about how Jesus could understand the experience of HIV/AIDS since he had faced his death at an early age, deserted by many of his friends.

(continued on page 4)

HIV/AIDS Scene in Denmark

(continued from page 3)

Some of the members of the group thought they would try this approach with some of the persons with AIDS with whom they were working.

My last full day in Copenhagen, Laurence took me to the Pan building, the Gay and Lesbian community center, founded in 1948, and funded by the Danish government. Soren Skov, the Coordinator of their AIDS Hotline and the editor of the HIV section of their newspaper, Pan Bladet, gave me a tour of the extraordinary facility. MCC was obviously well-known by the staff here.

The building is an old courtyard apartment building, and houses a bookstore and library (I was very proud to see ALERT on their periodicals rack!), a cafe and disco, a Youth Center, the AIDS Hotline, their newspaper production facility, and a large number of offices and meeting rooms. The oldest part of the building was a "party space," and above that is the space where MCC holds their worship services, with a beautiful view of the Copenhagen skyline.

I was amazed at the large number of fully employed gay and lesbian people working there. Soren told me that volunteer work is unheard of in Denmark: they pay 50% of their income in taxes, and so they expect the government to pay for everything. He told me that volunteerism is a distinctly American concept.

Mia and Laurence had arranged for me to interview Soren for ALERT, and for him to interview me for Pan Bladet. After I had given him the outline of my medical history, including my time on the experimental drug suramin, he asked me why suramin had worked for me and not others. I replied that I wasn't sure why, but that I thought it was a combination of my faith and my work in preparing my body for healing.

Laurence and I both saw him pull back and shut down. Putting his pen down, he said, "This is too American, and will not translate into anything the Danes will understand." Laurence later explained to me that he probably couldn't understand the connection between religious faith and the experience of AIDS. He talked about how Americans come over to Europe and seem to think that we have all the answers. He said that Europeans have great contempt for this American attitude, especially since the U.S. government is so "backwards" in their immigration laws, their attitudes towards gays and lesbians, and the horrible problems we have with homelessness, racism, and crime. I told Soren that I was not trying to impose my ideas on anyone, but that many people found hope and inspiration in my story of recovery. I acknowledged that there are many Americans who are also critical of our government, and that there are certainly ways in which the U.S. is behind other countries in offering equal access to health care and other services.

He seemed to open up again, and he acknowledged that their hotline was modeled on a U.S. AIDS Hotline. The encounter ended in a friendly way, but I was struck again with the great cultural differences that challenge not only an American traveler, but the UFMCC as well, on many different levels.

My time in Copenhagen was blessed by the very generous hospitality of the pastor and members of MCC. I was very impressed by the fact that, despite their small numbers, they are very well-known and respected in the HIV/AIDS field. The Danes of MCC don't wait for persons with HIV/AIDS to come through their door. They go out into the community and involve themselves in the various HIV/AIDS and gay and lesbian organizations. Thus, they not only are directly ministering to persons affected by AIDS, but they are making an important witness to the people of Denmark about the love of God for gay and lesbian people. ▼

Study on TB Treatment Strategies

(continued from page 2)

sites of the AIDS Clinical Trial Group network will evaluate the combination therapies for safety, tolerance, and immune system response.

During the study, 300 participants will be assigned at random to take one of three combinations: Ro 31-8959 and AZT; AZT and ddC; or Ro 31-8959, AZT, and ddC.

To enroll, participants must be HIV infected and have counts of the immune system CD4+ T cell of between 300 and 50 per cubic milliliter of blood. All participants must have taken a minimum dose of 500 milligrams AZT a day for at least four months without any serious side effects. Participants will receive one combination for 24 weeks. Investigators will measure CD4+ T cell responses and the amount of virus present in each participant's peripheral blood.

For more information about these two or other trials, call the AIDS Clinical Trials Service at 1-800-TRIALS-A from 9 a.m. to 7 p.m., EST, Monday through Friday. ▼

News From Canada: Multi-Million Dollar Research Institute Created

Rev. Beverly Baptiste, District Coordinator of the Western Canadian District of UFMCC, reports that Glaxo Canada, Inc., one of Canada's largest research-based pharmaceutical companies, announced the creation of the Glaxo Heritage Research Institute at the University of Alberta in Edmonton. The Institute will be a nationally and internationally recognized facility dedicated to basic research into the development and treatment of viral diseases including HIV/AIDS, Hepatitis B and herpes viruses.

"Glaxo Canada is very proud to demonstrate our continuing commitment to funding basic research in Alberta and in Canada," stated Jacques Lapointe, President of Glaxo Canada. "We believe that the potential development in Canada of new treatments will be very significant in establishing this country as a key participant in global research and development efforts. Most importantly, this is an investment in the future of those millions of people around the world who suffer from the viruses we are seeking to treat and cure."

Dr. Lorne Tyrrell, Director of the Institute, noted that "the partnership between industry, government, the university, several foundations and granting agencies that has allowed this Institute to go forward, has been instrumental in keeping important research scientists like John Elliott in Canada and attracting others such as Lung-Ji Chang to Canada from the National Institutes of Health in the United States."

Glaxo Canada Inc., is a subsidiary of Glaxo Holding p.l.c., the world's second largest pharmaceutical company in terms of sales. ▼